OAKLAND COUNTY MICHIGAN

L. BROOKS PATTERSON, OAKLAND COUNTY EXECUTIVE

Department of Health & Human Services
George J. Miller, Jr., M.A., Director

January 26, 2012

Testimony in Opposition of House Bills 4862 and 4863 to remove Coordinating Agencies from Public Health Departments

Madame Chairperson Haines and Distinguished Members of the Committee:

My name is George Miller. I am the Director of the Oakland County Department of Health and Human Services and as a result I oversee public health services for Oakland County's 1.2 million citizens. Today I am speaking on behalf of the Oakland County Health Division's Office of Substance Abuse Services, which is the designated Coordinating Agency (CA). I am here to urge you to oppose the proposal to remove the CA function from Public Health at a time when the population of Michigan is at its greatest need for substance abuse treatment and prevention services. The following testimony outlines considerations which are important to this issue.

Local Authority to Designate the Coordinating Agency: In Oakland County the designation of the Coordinating Agency occurred nearly 40 years ago by resolution of the Oakland County Board of Commissioners, as provided by the Michigan Public Health Code (MCL 333.6226) allowing local control. This provision has allowed Oakland County Commissioners to assess the needs of the population they represent and to reaffirm their designation.

Substance Abuse is a Public Health Issue: The effort to merge CAs into the PIHP/CMH system is the result of a misconception that substance abuse is a mental health issue rather than a public health issue. The vast majority of Oakland County's substance abuse disorder clients are not mental health clients but rather have numerous and significant public health needs. In addition, Public Health provides immediate access to important wrap around services that are essential to the success of the client as well as the family that is impacted by the substance abuse disorder. **Dismantling the Public Health Code to remove long term public health service infrastructure from the community sets a dangerous precedent.** The following Oakland County data continues to support the commissioner's designation of the Coordinating Agency within the Health Division.

- 79% of OSAS substance abuse disorder clients do not have mental health needs. The remaining 21% of OSAS substance abuse disorder clients with mild mental health issues **do not qualify for CMH services** as they are not classified as severe/persistent mental illness clients.
- 74% of OSAS substance abuse disorder clients were under 21 years of age at first use of illegal substances.
- 57% of OSAS substance abuse disorder clients were under 18 years of age at first use of illegal substances.
- 67% of OSAS substance abuse disorder clients are pregnant or mothers/fathers of children.

- 36% of OSAS substance abuse disorder clients engage in high risk behaviors that contribute to the spread of sexually transmitted infections including HIV infection.

Access to Services: The Oakland County Health Division Coordinating Agency (OCHD/CA) provides services including a wide range of treatment, prevention, as well as training programs and early intervention of communicable disease. The OCHD/CA also manages and monitors 24 treatment contracts at 35 different locations and 12 prevention contracts at 13 locations to maximize access to care opportunities.

- Strong partnership relationship between OCHD/CA and Community Mental Health Authority ensures no wrong door access. The client benefits from a seamless system of care.
- The OCHD/CA has ensured there are no waiting lists for treatment for the past 40 years.
- The OCHD/CA ensures 24 hour access for individuals in crisis.
- The OCHD/CA provides important client access to women's specialty treatment, treatment of individuals with co-occurring disorders, opiate replacement therapy, peer support services, case management, early intervention, residential and detox services, full service outpatient treatment, and adolescent specific treatment services.
- The OCHD/CA provides important community-wide access to essential prevention programming including; educational curriculums, after school programs, parenting skills training, and youth leadership skills initiatives.

Fiscal Responsibility: The current proposal is inconsistent with your intent to maximize efficiencies. This is evidenced by the fact that PIHP's that operate as CA's have higher administrative costs on average than CA's that are not located in PIHP's. This increase in administrative costs would result in fewer existing resources being utilized for direct services.

- A five year comparison of the MDCH/Office of Drug Control Policy Reports to the Legislature for fiscal years 2005 – 2009 provides evidence of the OCHD/CA's effective use of financial resources.
- The average administrative costs for all CA's = 9.55%
- Oakland County Health Division/CA administrative cost for this time period is the 4th lowest of all Coordinating Agencies at 7.61 %

Maximize Efficiencies through Evaluation and Best Practices: With the Affordable Care Act upon us, it is imperative it to move all health care agencies towards accountable care policies and practices. By allowing each jurisdiction to independently evaluate and select an appropriate CA you will gain more efficiencies than simply implementing a cookie cutter approach. We encourage you to consider our *Designation of a Substance Abuse Coordinating Agency Dashboard of Best Practices* as a tool to assist local jurisdictions in evaluating the appropriate designation of the substance abuse coordinating agency. The use of a scorecard to measure evidence of incorporating best practices will ultimately increase the fiscal

performance of every CA and ensure the provision of quality services for our vulnerable substance abuse disorder population.

Finally, we are concerned as well that these bills are in essence the beginning steps of dismantling public health one program at a time. According to Dr. Andrew S. O'Connor from Case Western Reserve University (Department of Epidemiology and Public Health), "...addiction continues to be viewed as a medical condition with its roots in public health; from the spread of addiction among at risk populations (epidemiology) to healthcare economics and future health care policy." Thus the inclusion of public health is essential and why Oakland County has ultimately designated public health as the coordinating agency for the past 40 years.

Thank you for this opportunity to testify before you today and to provide you with this perspective on Public Health.

Respectfully submitted,

George J. Miller, M.A., Director

Oakland County Department of Health and Human Services

Summary Report of CA and PIHP Administration Expenditures
2005 through 2009

Agency	FY2005	FY2006	FY2007	FY2008	FY2009	Total Admin Expenses	Total Expenses	Percentage of Total Expenses	Ranking (lowest to highest)
Pathways Substance Abuse	$264,707	$272,090	$225,000	$210,150	$184,742	$1,156,689	$18,164,181	6.37%	1
Southeast MI Community Alliance	$619,510	$854,067	$793,476	$855,420	$1,057,517	$4,179,990	$57,866,108	7.22%	2
Lakeshore Coordinating Council	$488,286	$507,382	$507,585	$590,924	$553,986	$2,648,163	$36,358,614	7.28%	3
Oakland County Health Division	$673,424	$741,639	$743,464	$758,381	$763,143	$3,680,051	$48,367,704	7.61%	4
Genesee County CMH*	$0	$365,233	$446,733	$574,864	$571,375	$1,958,205	$23,261,528	8.42%	5
Mid-South Substance Abuse	$940,470	$876,294	$945,386	$1,000,045	$866,607	$4,628,802	$54,770,768	8.45%	6
network 180/Kent County CMH	$575,030	$715,990	$832,106	$864,313	$887,501	$3,874,940	$43,424,556	8.92%	7
Total / Average	**$11,823,713**	**$12,627,183**	**$12,097,057**	**$13,274,692**	**$14,007,763**	**$63,830,408**	**$668,047,904**	**9.55%**	**Ave.**
Kalamazoo County CMH	$577,030	$590,945	$617,749	$785,321	$753,239	$3,324,284	$34,567,617	9.62%	9
Washtenaw Community Health Org	$417,074	$407,063	$433,674	$650,183	$740,023	$2,648,017	$27,305,954	9.70%	10
Detroit Dept. of Health	$3,009,752	$3,386,426	$2,872,157	$2,824,443	$3,119,281	$15,212,059	$155,902,856	9.76%	11
Northern MI Substance Abuse	$1,010,415	$1,043,892	$1,057,936	$1,163,252	$1,213,407	$5,488,902	$53,339,481	10.29%	12
St Clair County Health Dept.*	$284,139	$297,222	$373,085	$0	$0	$954,446	$9,141,934	10.44%	13
Saginaw County Health Dept.	$484,050	$453,459	$386,752	$384,914	$424,833	$2,134,008	$19,189,759	11.12%	14
Macomb County CMH	$890,047	$1,005,103	$1,051,217	$1,106,084	$1,071,472	$5,123,923	$37,780,811	13.56%	15
BABH/Riverhaven	$577,309	$512,583	$513,810	$648,084	$588,172	$2,839,958	$20,517,619	13.84%	16
Western U.P. Substance Abuse	$267,123	$270,882	$296,927	$328,917	$336,498	$1,500,347	$10,316,275	14.54%	17
St Clair County CMH*	$0	$0	$0	$529,397	$875,967	$1,405,364	$6,395,704	21.97%	18
Totals	**$11,078,366**	**$12,300,270**	**$12,097,057**	**$13,274,692**	**$14,007,763**	**$62,758,148**	**$656,671,469**		

*Genesee County Health Dept. merged with Genesee County CMH March, 2006
*St Clair County Health Dept. merged with St Clair County CMH in 2008.

Actual costs based upon the MDCH/ODCP report to the Legislature for administration expenditures.

Consolidation Does Not Necessarily Result in Cost Savings

The table listed below demonstrates that merging with the CMH system is not a steadfast indication that cost savings will occur. An example of this is listed below illustrated from the merge of a LHD Coordinating Agency to a PIHP Coordinating Agency.

Prior to Merge	Merged with CMH	Percentage Increase/decrease	Post Merge
$373,085	$529,397	42% Increase	1st year
$373,085	$875,967	135% increase	2nd year

Designation of a Substance Abuse Coordinating Agency

Dashboard of Best Practices

Domain: Collaboration		Scorecard of Satisfactory Evidence
Workgroup	The designated substance abuse coordinating agency has established and maintains a workgroup consisting of at least one representative from the local community mental health authority, PIHP (if the entities are separate) and local public health. Additional partners are added according to community need. Workgroup initiatives will, at a minimum, target increased efficiencies and enhanced access to services.	Yes No
Community Planning	The established workgroup is able to demonstrate a cooperative relationship to provide a communitywide responsive system of care that addresses consumer needs.	Yes No
Training	The local community mental health authority and the substance abuse coordinating agency demonstrate joint staff and provider trainings to assure that both mental health and substance abuse entities are cross trained to facilitate single point of access (actual or virtual).	Yes No
Domain: Access to Services		
Single Point of Access	The substance abuse coordinating agency is able to provide evidence of an actual or virtual single point of entry for consumers in need of mental health and substance abuse services.	Yes No
Treatment Options	The substance abuse coordinating agency is able to demonstrate that there are sufficient outpatient treatment modalities available in the local jurisdiction. The coordinating agency also provides sufficient residential treatment options.	Yes No
Transportation	The substance abuse coordinating agency ensures/facilitates transportation to residential treatment services outside of the local jurisdiction.	Yes No
Wait Lists	The substance abuse coordinating agency does not have wait lists or is able to demonstrate evidence of initiatives effectively reducing wait lists for each treatment modality.	Yes No
Case Coordination	The substance abuse coordinating agency is able to demonstrate evidence of case coordination with the mental health provider to facilitate a seamless system of care for the consumer.	Yes No
24 Hour Access	The substance abuse coordinating agency is able to demonstrate adequate communication to the community regarding 24 hour access to screening for treatment services for individuals in crisis (i.e. website, print, social media, after hours telephone answering systems, etc.).	Yes No

Domain: Efficiencies		
Administrative Costs	The substance abuse coordinating agency implements initiatives to reduce administrative costs (i.e. part time employees, phone interviews where appropriate, etc.). Administrative costs remain commensurate with established state and/or federal guidelines.	Yes No
Administrative Reviews	The substance abuse coordinating agency has taken steps to identify methods to eliminate duplicate administrative reviews between similar agencies to capitalize on economies of scale.	Yes No
Shared Resources	The substance abuse coordinating agency and the community mental health authority have taken steps to implement identified resources that could be shared to increase efficiencies. (Example: co-location of services, shared screening services, shared provider network trainings, etc.)	Yes No
Domain: Prevention Indicators		
Assure and Educate	The substance abuse coordinating agency conducts SYNAR education and inspection activities and achieves a rate of no more than 20% in compliance with federal requirements.	Yes No
Assessment	The substance abuse coordinating agency conducts regular community needs assessments utilizing an evidenced based model. (i.e. Strategic Prevention Framework)	Yes No
Partnerships and Coalitions	The substance abuse coordinating agency is able to provide evidence of established partnerships and coalitions to engage community participation and access to prevention activities.	Yes No
Domain: Programs and Services		
Full array of services	The substance abuse coordinating agency provides access to a full array of services (i.e. detox, residential, outpatient, women's specialty, peer and recovery support, adolescent, early intervention, case management, methadone treatment, and prevention) to meet the specific needs of the population served. This includes the provision of co-occurring services.	Yes No
Evidenced Based Programs	The substance abuse coordinating agency is able to demonstrate utilization of evidenced based prevention activities in the community. (i.e., Communities Mobilizing for Changes in Alcohol, Botvin Life Skills, Recovery Oriented System of Care – ROSC, etc.)	Yes No
Contract Program Reviews	The substance abuse coordinating agency conducts program contract reviews of substance abuse treatment providers per contract requirements and also looks to assure that best practices are utilized.	Yes No

NOTE: The dashboard is provided as a tool to assist local jurisdictions in evaluating the designation of the substance abuse coordinating agency. It also guides coordinating agencies to select best practices to incorporate into their programming. Utilizing the scorecard, local officials should require sufficient satisfactory evidence that demonstrates successful achievement or continuous improvement in each domain to determine the appropriate designation for the substance abuse coordinating agency.